

MammoReport Plus

SP

Report

© Siemens AG 2005

The reproduction, transmission or use of this document or its contents is not permitted without express written authority. Offenders will be liable for damages. All rights, including rights created by patent grant or registration of a utility model or design, are reserved.

Installation Protocol			
Fax Message (please send the document to:)		SIEMENS AG Medical Solutions; Dept. SP SCM Fax no. +49 - 9131 - 84 - 8893 91050 Erlangen, Henkestr. 127, Germany	
CAUTION	IT IS ABSOLUTELY MANDATORY TO ENTER ALL REQUESTED DATA IN THIS PROTOCOL WHEN THE INSTALLATION OF THE SYSTEM WAS COMPLETED! INCOMPLETE PROTOCOLS WILL BE RETURNED TO YOUR SUPERVISOR FOR FOLLOW-UP!		
Equipment Type	MammoReport Plus.....		
System serial no.:		Order Number:	
Customer/Hospital	Name: City: Country/State:		

Confirmation: I hereby certify that

- ⇒ The system indicated above was delivered in its entirety. Installation and Startup were performed according to the actual version of the installation and startup instructions as delivered with the system (please indicate any deviation in the table below).
- ⇒ All safety and functional checks have been performed.
- ⇒ All required measurements have been made and the values are within tolerance as provided by the manufacturer.

Installation	Problems		Brief description (please mark with 'n.a.' if not applicable)
	yes	no	
Workstation			
Cabling			
Options (e.g. Hard disk)			
Others			
Start-up			
Workstation			
Networkconfiguration			
Image quality			
Others			

Please add additional pages for description, if necessary.

Printed name of system installer

date

signature